

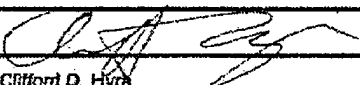
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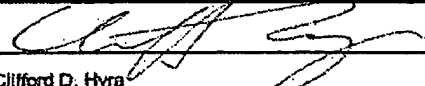
PTO/SB/21 (12-08)

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|---|----------------------|----------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10765,115            |
|   | Filing Date          | 01/28/2004           |
|   | First Named Inventor | Pamela Saha          |
|   | Art Unit             | 2877                 |
|   | Examiner Name        | Jarreas C. Underwood |
| Total Number of Pages in This Submission  |                      | 2                    |
| Attorney Docket Number  |                      |                      |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| Remarks  |   |   |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |   |   |
| Firm Name  | Hyra IP, PLC  |   |
| Signature  |    |   |
| Printed name   | Clifford D. Hyra  |   |
| Date   | 01/07/2008  | Reg. No. 60,086   |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |                 |
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| Signature   |  |                 |
| Typed or printed name   | Clifford D. Hyra  | Date 01/07/2008 |

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                                |
|------------------------|--------------------------------|
| Application Number     | 10/765,115                     |
| Filing Date            | 01/28/2004                     |
| First Named Inventor   | Pamela Saha                    |
| Title                  | Deformable Photoelastic Device |
| Art Unit               | 2877                           |
| Examiner Name          | Jarreas C. Underwood           |
| Attorney Docket Number |                                |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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| Clifford D. Hyra     | 60,086              |
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| <input checked="" type="checkbox"/> Firm or Individual Name | Hyra IP, PLC                       |       |                 |     |       |
| Address   | 12120 Sunset Hills Road, Suite 600 |       |                 |     |       |
| City  | Reston                             | State | VA              | Zip | 20190 |
| Country   | US                                 |       |                 |     |       |
| Telephone   | 1-866-913-3499                     | Email | Info@HyraIP.com |     |       |

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

|                   |   |           |        |
|-------------------|---|-----------|--------|
| Signature         |  | Date      | 1/7/09 |
| Name              | Pamela Saha   | Telephone |        |
| Title and Company |   |           |        |

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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